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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Gastroenterological Association Inc. PAC 4720 Montgomery Lane Suite 430 ADDRESS (number and street) Check if different than previously Bethesda MD 20814 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00423228 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 12 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Damian H. Augustyn, MD Type or Print Name of Treasurer Electronically Filed by Damian H. Augustyn, MD 0 1 26 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/13

Write or Type Committee Name American Gastroenterological Association Inc. PAC

FEC Form 3X (Rev. 02/2003)

D D " D 12 0 1 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 92490.07 January 1 (b) Cash on Hand at 103405.86 Begining of Reporting Period 3500.00 49415.79 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 106905.86 141905.86 6(a) and 6(c) for Column B) 19000.00 54000.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 87905.86 87905.86 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 13

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period:

From:

м м 1 2 0 1

2009

то.

м м 1 2 ^D 31

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	2500.00	34909.99
	(ii) Unitemized	1000.00	14505.80
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	3500.00	49415.79
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3500.00	49415.79
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
((c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3500.00	49415.79
	Total Federal Receipts (subtract Line 18(c) from Line 19)	3500.00	49415.79

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures		0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	19000.00	54000.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
	_		
υ.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)	2.22	
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	2.22	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19000.00	54000.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	19000.00	54000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 13

	ontributions/Operating penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ons (other than loans) page 3)	3500.00	49415.79
34. Total Contribution (from Line 28(d)	on Refunds	0.00	0.00
	s (other than loans) 4 from Line 33)	3500.00	49415.79
	perating Expenditures i) and Line 21(b))	0.00	0.00
•	ating Expenditures age 3)	0.00	0.00
38. Net Operating E (subtract Line 3	xpenditures 7 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 13 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Gastroenterological Associ	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dale R. Bachwich Mailing Address 7660 Cinnamon Ridg City Rapid City FEC ID number of contributing federal political committee. Name of Employer Rapid City Medical Center	State SD C		Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 0 9 Transaction ID: C810203 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Physician Aggregate	n Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Donald P. Hetzel Mailing Address 725 Glenwood Drive Suite E582 City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Digestive Health Associates Receipt For: Primary General Other (specify)	State TN C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Peter Gabor Justus Mailing Address 11800 NE 128th St Ste 100 City Kirkland FEC ID number of contributing federal political committee. Name of Employer Eastside Gastroenterology Receipt For: Primary General Other (specify)	State WA C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe			1000.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 13 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Gastroenterological Associations (In Full)	Statements may not be sold or used by any personen name and address of any political committee to station Inc. PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Emmet B. Keeffe, MD Mailing Address 22 Weatherly Drive Suite 210 City Mill Valley FEC ID number of contributing federal political committee.	State Zip Code CA 94941-3272	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Romark Laboratories Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Adam S. Kim Mailing Address PO BOX 14909 City	State Zip Code	Date of Receipt 1 2 2 9 2 0 0 9 Transaction ID: C820264
Minneapolis FEC ID number of contributing federal political committee. Name of Employer	MN 55414-0909 C Occupation	Amount of Each Receipt this Period 250.00
Minnesota Gasfroenterology Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kent J. Smith Mailing Address 141 Morrison St		Date of Receipt 1 2 2 2 2 0 0 9
City Twin Falls FEC ID number of contributing federal political committee.	State Zip Code ID 83301-5451	Transaction ID: C820457 Amount of Each Receipt this Period 500.00
Name of Employer St Luke's Clinic Gstrntrl- gy Receipt For:	Occupation Gastroenterologist Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	>	1000.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Other (specify)

FOR LINE NUMBER: PAGE 8/13 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Gastroenterological Association Inc. PAC Full Name (Last, First, Middle Initial) Cynthia M. Yoshida Date of Receipt Mailing Address 902 E Jefferson St 12 07 2009 Suite #201 City State Zip Code Transaction ID: C820452 Charlottesville VA 22902-5397 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self Occupation MD Receipt For: Aggregate Year-to-Date General Primary 1000.00

SUBTOTAL of Receipts This Page (optional)	>	500.00
TOTAL This Period (last page this line number only)	•	2500.00

Detailed Summary Page	TEMIZED DISBURSEMEN	Use separate schedule for each category of the	(S) (check onl	E NUMBER: PAGE 9/13 ly one) PAGE 9/13
NAME OF COMMITTEE (in Full) American Gastroenterological Association Inc. PAC Full Name (Last, First, Middle Initial) Friends of Joe Heck Malling Address P.O. Box 750114 City Vanage of Disbursement Campaign Contribution State: NV District: 03 Full Name (Last, First, Middle Initial) BILL CASSIDV FOR CONGRESS Malling Address 3482 DRUSILLA LANE SUITE 1 City State Zip Code LA 70809 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Bibli Cassidy Office Sought: X House President State: LA District: 08 Full Name (Last, First, Middle Initial) State: LA District: 08 Full Name (Last, First, Middle Initial) BILL CAGGO It Last Primary General President State: LA District: 08 Full Name (Last, First, Middle Initial) City State Zip Code LA 70809 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Bibby Rush Office Sought: X House Senate President State Zip Code LA Campaign Contribution Campaign Contribution Candidate Name Rep. Bibby Rush Office Sought: X House Senate President State Zip Code LA Campaign Contribution Campaign Contrib		Detailed Summary Pag	e 21b 27	28a 28b 28c 29
American Gastroenterological Association Inc. PAC Full Name (Last, First, Middle Initial) Friends of Joe Heck Mailing Address P.O. Box 750114 City State Zip Code Las Vegas NV 89136 Purpose of Disbursement Campeign Contribution Condidate Name Joe Neck Mailing Address 3482 DRUSILLA LANE SUITE 1 City Senate La Disbursement Campeign Contribution Candidate Name Rep. Bill Cassidy Office Sought: X House Senate La Zip Code La Type Code La Code Co				
Friends of Joe Heck Mailing Address P.O. Box 750114 City Las Vegas Purpose of Disbursement Campaign Contribution Candidate Name Joe Heck Office Sought: X House President State: NV District: 03 Senate President City BATON ROUGE LA 70809 Purpose of Disbursement Category/ Type City BATON ROUGE LA 70809 Purpose of Disbursement Cangaign Contribution Candidate Name Rep. Bill Cassidy Office Sought: X House Disbursement For: 2010 Cardidate Name Rep. Bill Cassidy Office Sought: X House Disbursement For: 2010 Senate President Disbursement For: 2010 Category/ Type Transaction ID: D90916 Date of Disbursement this Peric Amount of Each Disbursement this Peric Transaction ID: D90916 Date of Disbursement this Peric Transaction ID: D90925 Date of Disbursement Type City CHICAGO IL 60880 Purpose of Disbursement Type Office Sought: X House Disbursement For: 2010 Category/ Type Office Sought: X House Disbursement For: 2010 Category/ Type Office Sought: X House Disbursement For: 2010 Category/ Type Office Sought: X House Disbursement For: 2010 Category/ Type Office Sought: X House Disbursement For: 2010 Date of Disbursement this Peric Category/ Type Office Sought: X House Disbursement For: 2010 Date of Disbursement this Peric Category/ Type Office Sought: X House Disbursement For: 2010 Date of Disbursement this Peric Category/ Type Office Sought: X House Disbursement For: 2010 Date of Disbursement this Peric Date of Disbursement this Peric Date of Disbursement this Peric Date of Disbursement this P	NAME OF COMMITTEE (In Full)			
Mailing Address				
Las Vegas NV 89136 Purpose of Disbursement Campaign Contribution Candidate Name Joe Heck Office Sought:	Mailing Address P.O. Box 7501	14		12 23 7 2009
Campaign Contribution Candidate Name Joe Heck Office Sought:		State Zip Code NV 89136		Amount of Each Disbursement this Perio
Joe Heck Office Sought: X House Senate President State: NV District: 03 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 3482 DRUSILLA LANE SUITE 1 City State Zip Code LA 70809 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Bill Cassidy Office Sought: X House Senate President State: LA District: 06 Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH Mailing Address P. O. BOX 7292 City CHICAGO City State Zip Code Category/ Type Office Sought: X House Senate President State: LA District: 06 Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH Mailing Address P. O. BOX 7292 City CHICAGO City ChicAGO Furpose of Disbursement Campaign Contribution Candidate Name Rep. Bobby Rush Office Sought: X House Category/ Type Category/ Type Category/ Type Amount of Each Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Category/ Type Category/ Type Office Sought: X House Category/ Type City ChicAGO Furpose of Disbursement Campaign Contribution Candidate Name Rep. Bobby Rush Office Sought: X House Senate President Other (specify) ▼ Other (specify) ▼ Other (specify) ▼	Campaign Contribution			1000.00
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Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS Mailing Address 3482 DRUSILLA LANE SUITE 1 City BATON ROUGE Purpose of Disbursement Campaign Contribution Candidate Name Rep. Bill Cassidy Office Sought: X House President State: LA District: 06 Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH City CHICAGO Purpose of Disbursement Campaign Contribution City City City City CHICAGO Category/ CHICAGO Category State LA District: 06 State La District: 06 Category Type Transaction ID: D90916 Date of Disbursement this Peric Category/ Type Transaction ID: D90625 Date of Disbursement Transaction ID: D90625 Date of Disbursement Mailing Address P. O. BOX 7292 City CHICAGO Category/ CHICAGO Category/ Type Amount of Each Disbursement Transaction ID: D90625 Date of Disbursement Amount of Each Disbursement Category/ Type Category/ Type Office Sought: X Primary General Other (specify) V	Senate	X Primary Gener	al	
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Rep. Bill Cassidy Office Sought: X House Senate President State: LA District: 06 Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH Mailing Address P. O. BOX 7292 City CHICAGO IL 60680 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Bobby Rush Office Sought: X House Senate President Disbursement For: 2010 Amount of Each Disbursement this Period Category/Type Category/Type Office Sought: X House Senate President Disbursement For: 2010 Amount of Each Disbursement this Period Category/Type Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼	•			1000.00
Senate President Other (specify) ▼ State: LA District: 06 Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH Mailing Address P. O. BOX 7292 City State Zip Code CHICAGO IL 60680 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Bobby Rush Office Sought: X House Senate President X Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: X House Senate President Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Category/ Type Other (specify) ▼				
Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH Mailing Address P. O. BOX 7292 City State Zip Code CHICAGO IL 60680 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Bobby Rush Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Other (specify) Other (specify) Other (specify)	Senate President	X Primary Gener	al	
City State Zip Code CHICAGO IL 60680 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Bobby Rush Office Sought: X House Senate President President State Zip Code (Amount of Each Disbursement this Period (Category) Type (Category) Ty	Full Name (Last, First, Middle Initial)	1		
CHICAGO Purpose of Disbursement Campaign Contribution Candidate Name Rep. Bobby Rush Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) President Other (specify) Disbursement For: Category/ Type Category/ Type	Mailing Address P. O. BOX 729	92		12 05 7 2009
Campaign Contribution Candidate Name Rep. Bobby Rush Office Sought: X House Senate President Disbursement For: X Primary General Other (specify)				Amount of Each Disbursement this Period
Rep. Bobby Rush Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) ▼	Campaign Contribution			2000.00
Senate X Primary General President Other (specify) ▼			1	
	Senate	X Primary Gener	al	

TEMIZED DISBURSEMENTS for each category of the	SCHEDULE B (FEC FOIII 3X)	Use separate schedu	ile(s) (chack or	E NUMBER: PAGE 10 / 13		
NAME OF COMMITTEE (In Full) American Gastroenterological Association Inc. PAC Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS Mailing Address P.O. Box 9336 City State Zip Code ND 58106 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought: X House Condenses PO BOX 1176 City State Zip Code ND 58106 Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO BOX 16128 Transaction ID: D91836 Date of Disbursement 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Detailed Summary Pa	age 21b 27	22 X 23 24 25 28 28 28b 28c 29		
Amount of Each Disbursement Transaction ID: D90899	or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and address of any po				
City State Zip Code ND 58106 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought:	EARL POMEROY FOR CONGRESS			Date of Disbursement		
Fargo ND 58106 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought:		State 7in Code				
Campaign Contribution Candidate Name Rep. Earl Pomeroy Office Sought:						
Office Sought:	Campaign Contribution Candidate Name			1000.00		
PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City State Zip Code NJ 07740 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Frank Pallone, Jr. Office Sought: X House Senate President State: NJ District: 06 Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN City State Zip Code TX 77222 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Gene Green City State Zip Code TX 77222 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Gene Green Office Sought: X House State Zip Code TX 77222 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Gene Green Office Sought: X House Senate President State Zip Code TX 77222 District Office Sought: X House Senate President Senate President Other (specify) ▼	Office Sought: X House Disbu Senate President	X Primary Gene				
City	PALLONE FOR CONGRESS			Date of Disbursement		
LONG BRANCH Purpose of Disbursement Campaign Contribution Candidate Name Rep. Frank Pallone, Jr. Office Sought:						
Carpaign Contribution Candidate Name Rep. Frank Pallone, Jr. Office Sought:						
Senate President Other (specify) ▼ State: NJ District: 06 Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN Mailing Address PO BOX 16128 City State Zip Code HOUSTON TX 77222 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Gene Green Office Sought: X House Senate President X Primary General Other (specify) ▼ Transaction ID: D90897 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: X House Senate President Other (specify) ▼	Campaign Contribution Candidate Name			1000.00		
GENE GREEN CONGRESSIONAL CAMPAIGN Mailing Address PO BOX 16128 City State Zip Code HOUSTON TX 77222 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Gene Green Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) President Disbursement For: 2010 X Primary General Other (specify) President	Senate President	X Primary Gene	eral			
City State Zip Code TX 77222 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Gene Green Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) President Amount of Each Disbursement this Period Type Category/ Type Office Sought: X Primary General Other (specify) Other (specify)	,		Date of Disbursement			
HOUSTON TX 77222 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Gene Green Office Sought: X House Senate Senate President President TX 77222 1000.00 Category/ Type Category/ Type Other (specify) ▼	Mailing Address PO BOX 16128			12 29 7 2009		
Campaign Contribution Candidate Name Rep. Gene Green Office Sought: X House Disbursement For: 2010 Senate X Primary General President Other (specify) Other (specify)				Amount of Each Disbursement this Period		
Candidate Name Rep. Gene Green Office Sought: X House Senate President Category/ Type Category/ Type Category/ Type Category/ Type Other (specify) ▼				1000.00		
Office Sought: X House Disbursement For: 2010 Senate X Primary General President Other (specify) ▼	Candidate Name					
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	Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE					Transaction ID: D91908 Date of Disbursement	
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<u>\</u>	NAME OF COMMITTEE (In Full)	and and address of any point	<u> </u>	
\rangle	American Gastroenterological Association	on Inc. PAC		
	Full Name (Last, First, Middle Initial) CAPUANO FOR SENATE COMMITTEE			Transaction ID: D90623 Date of Disbursement
	Mailing Address PO BOX 440305			M 2 M / D 0 4 / Y 2 0 0 9 Y
	City SOMERVILLE	State Zip Code MA 02144		Amount of Each Disbursement this Period
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	Campaign Contribution			
	Candidate Name Rep. Michael E. Capuano		Category/ Type	
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	State: MA District: Spec	ial		
	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT NYDIA M.	iRESS	Transaction ID: D91909 Date of Disbursement	
	Mailing Address 315 Inspiration Lane		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Gaithersburg	State Zip Code MD 20878		Amount of Each Disbursement this Perio
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	Candidate Name Rep. Nydia M. Velazquez		Category/ Type	
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	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO			Transaction ID: D90624 Date of Disbursement
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	City NEW HAVEN	State Zip Code CT 06511		Amount of Each Disbursement this Perio
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	NUMBER: PAGE 13 / 13		
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NAME OF COMMITTEE (In Full) American Gastroenterological Associa	ition Inc. PAC				
Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT			Transaction ID: D90900 Date of Disbursement		
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Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN		Transaction ID: D92229 Date of Disbursement			
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City WASHINGTON	State Zip Code DC 20013		Amount of Each Disbursement this Period		
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